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FAX TRANSMISSION**DATE:** November 15, 2005**PTO IDENTIFIER:** Application Number 10/607,947-Conf. #8077
Patent Number**Inventor:** Wilfred E. Pearce et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROBERT R. RICHARDSON, P.S.

Robert R. Richardson

PHONE: (360) 692-0626**Attorney Dkt. #:** BA1-02-0395 (02-0395)**PAGES (Including Cover Sheet):** 23**CONTENTS:**

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PTO/SB/97 (09-04)

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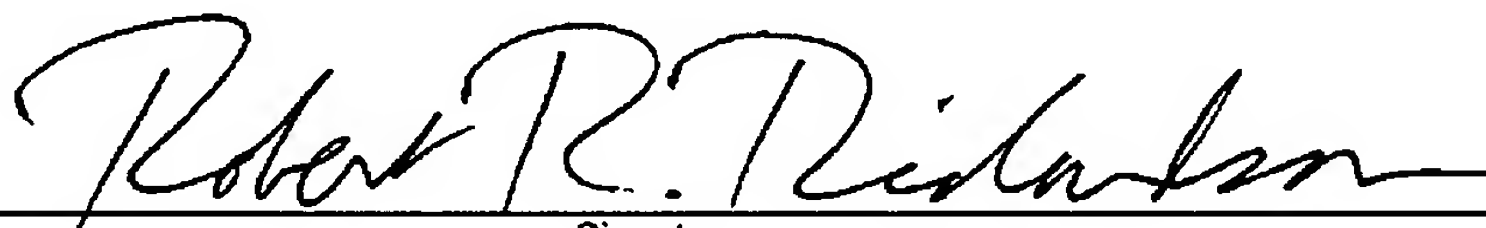
Application No. (if known): 10/607,947

Attorney Docket No.: BA1-02-0395 (02-0395)

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40,143

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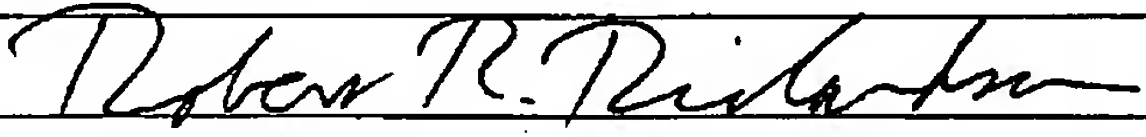
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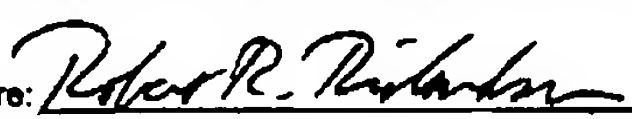
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/607,947-Conf. #3077	
	Filing Date	June 27, 2003	
	First Named Inventor	Wilfred E. Pearce	
	Art Unit	3671	
	Examiner Name	A. K. Pechhold	
Total Number of Pages in This Submission	23	Attorney Docket Number	BA1-02-0395 (02-0395)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission Request for Continued Examination Amendment Transmittal Letter Credit Card Payment Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROBERT R. RICHARDSON, P.S.		
Signature			
Printed name	Robert R. Richardson		
Date	November 15, 2005	Reg. No.	40,143

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Dated: <u>11/15/05</u>	Signature: <u></u> (Robert R. Richardson)

NOV 15 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/607,947-Conf. #3077
		Filing Date	June 27, 2003
		First Named Inventor	Wilfred E. Pearce
		Examiner Name	A. K. Pechhold
		Art Unit	3671
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00		Attorney Docket No.	BA1-02-0395 (02-0395)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 503048 Deposit Account Name: Robert R. Richardson, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
33	- 33 =	x	=

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 5 =	x	=

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

SUBMITTED BY			
Signature	<u>Robert R. Richardson</u>	Registration No. (Attorney/Agent)	40,143
Name (Print/Type)	Robert R. Richardson	Telephone	(360) 692-0626
		Date	November 15, 2005

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